REGISTRAR'S OFFICE
Georgia Public Safety Training Center
1000 Indian Springs Drive
Forsyth, GA 31029-8836

Telephone 478-993-4412 Fax Phone 478-993-4303

Student Authorization Form

FOR GPSTC OFFICE USE ONLY

Entered By: _____

AGENCY INFORMATION

Please print or type all agency information

(1) Agency _____

(2) GPSTC Agency Code _____

(3) Address _____

(4) City _____ State _____ Zip _____

(5) Agency Phone # _____ Fax # _____

(6) Training Officer Phone # _____

(7) Email _____

(8) Agency Head (or designee) _____

(9) Type of Agency ☐ Government ☐ Subscription
☐ *Municipal* ☐ *State* ☐ Private Corporation
☐ *County* ☐ *Federal* ☐ Profit ☐ Non-Profit *(under IRS provisions)*
☐ *Out-of-State* ☐ Private Citizen

COURSE INFORMATION

(10) GPSTC Course Number _____

(11) Course Title _____

_____

(12) Dates _____

_____

This section MUST be filled in completely.

Only three (3) students per agency should be listed, in order of acceptance priority.

	Student #1	Student #2	Student #3
(13) Name			
(14) SSN			
(15) Sex / Date of Birth	/	/	/
(16) Certification #			
(17) Certification Type			
(18) Phone #			
(19) Email			
(20) Rank			
(21) Current Assignment			

WAIT LISTED STUDENTS – If placed on the waiting list, students can not be registered for any other class with the same title NOR any class that starts or ends during the same period. The waiting list is for this class only. If the student is not selected for this class before the start date, the application will be cancelled.

AUTHORIZATION

By the signature below, I verify that the student(s) listed above has met or will have met all prerequisites for this class by the start date. All applicants for this program must supply proof to the course coordinator by the first day of class that he/she has satisfactorily completed the noted prerequisites. Failure to do so will require that the applicant be dismissed from the training program. Check with the sponsoring agency for verification of prerequisite requirements.

(22) Agency Head (or Designee) _____ Title _____ Date _____
(Type or Print)

(23) Signature _____

Authorization for GEMA Programs only (Courses with prefixes EEMA)

(24) Signed _____ Agency _____ Date _____
(Must be signed by the local Emergency Management Agency Director)